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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Malawi

Proposed UNFPA assistance:	$18.5 million, $8.5 million from regular resources and $10 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2002-2006)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	5.0	10.0	15.0
Population and development strategies	3.0	-	3.0
Programme coordination and assistance	0.5	-	0.5
Total	8.5	10.0	18.5

MALAWI

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	55	≥60
Contraceptive prevalence rate (%)[2]	22	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	11.15	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	162.0	≤65
Infant mortality rate (per 1,000 live births)[5]	138	≤50
Maternal mortality ratio (per 100,000 live births)[6]	620	≤100
Adult female literacy rate (%)[7]	41	≥50
Secondary net enrolment ratio (%)[8]	59	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001.*
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1977, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	11,572	Annual population growth rate (%)	2.16
Population in year 2015 (000)	15,656	Total fertility rate (/woman)	6.34
Sex ratio (/100 females)	5,692	Life expectancy at birth (years)	
Age distribution (%)		Males	39.6
Ages 0-14	46.3	Females	39.0
Youth (15-24)	20.0	Both sexes	39.3
Ages 60+	4.6	GNP per capita (U.S. dollars, 1998)	210

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 1998 Revision*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme covering the period 2002-2006 to assist the Government of Malawi in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $18.5 million, of which $8.5 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $10 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's fifth programme of assistance to the country. Malawi is a "Category A" country under the Fund's resource allocation criteria.

2. The proposed programme was formulated in close consultation with governmental and non-governmental organizations (NGOs), donors and the United Nations country team. The proposed programme is consistent with the three critical programme areas identified through the Common Country Assessment and articulated in the United Nations Development Assistance Framework (UNDAF): poverty, governance and human rights, and HIV/AIDS. It takes into consideration the Government's policies on population, youth, gender, and HIV/AIDS, and integrates lessons learned through implementation of the Fund's four preceding programmes of assistance. The proposed country programme has been harmonized with the programmes of UNICEF, UNDP and WFP, and, through the UNDAF, would also be harmonized with the programmes of WHO, FAO and UNHCR.

3. The goal of the proposed programme is to contribute to improving the quality of life of the Malawian population, with special emphasis on sexual and reproductive health and HIV/AIDS, gender equality, and the balance of population dynamics with resources. Specifically, the proposed programme would contribute to: (a) the creation and maintenance of an enabling environment for the implementation of the national population policy and its related policies on youth, gender, and HIV/AIDS; (b) increased support for and utilization of rights-based, gender-responsive sexual and reproductive health and HIV/AIDS prevention information and services; and (c) the adoption of safer sexual and reproductive health and HIV prevention practices, especially by young people.

4. The proposed programme was developed within the framework of a human rights approach. All the activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the United Nations General Assembly through its resolution 49/128.

Background

5. The population of Malawi was estimated at 9.9 million in 1998. The country's population is growing at an annual rate of 2 per cent and is projected to reach 15.7 million by

2015. Due to the effects of the HIV/AIDS pandemic, life expectancy has dropped from 45.2 years in 1985 and is currently estimated at 40 years for males and 45 years for females. The country's population continues to grow despite these trends due to persistently high fertility rates (currently 6.3), the country's young population (the median age is 18) and declining infant and child mortality rates.

6. A 1999 survey revealed that about 64 per cent of Malawian households are living in poverty, with higher concentrations of poverty in urban areas. Although this reflected little change since the previous census was taken ten years before, there had been some improvements in basic standards of living, among them increased access to potable water, adequate sanitation, and electricity, and increased ownership of bicycles and radios. Yet UNAIDS data indicate that the number of orphans, currently estimated at 390,000, is increasing due to HIV/AIDS-related deaths. Preliminary estimates from a demographic and health survey (DHS) indicate that maternal mortality nearly doubled over the course of the decade, from 620 per 100,000 live births to 1,100 per 100,000. Although female literacy levels increased over the same period, from 42 per cent to 51 per cent, and contraceptive use increased from 14 per cent to 26 per cent, there are still significant gender inequalities and inequities.

7. Insufficient professional, managerial and technical skills and capacity continue to impact negatively on human and economic development across all sectors of Malawian society. It is projected that between one quarter and one half of urban-based professionals in sectors such as education and health will die from AIDS by 2005. HIV prevalence among pregnant women is estimated at 16.4 per cent, with levels as high as 30 per cent in the largest cities. National HIV prevalence in all age groups is about 8.8 per cent, with prevalence rates higher for women; among Malawians aged 15 to 19, these rates are four to six times higher among females.

8. Malawi is among the world's least developed countries, with a per capita income of $220 a year. In recognition of national efforts to reduce poverty, and in support of the Government's Vision 2020 policy paper on national development, Malawi has subscribed to the Highly Indebted Poor Countries (HIPC) initiative on debt-relief. Adoption of the Poverty Reduction Strategy Paper currently under formulation will signal the inception of more focused programming for poverty alleviation. Focus in the health sector will be on ensuring the delivery of an essential health-care package that includes sexual and reproductive health services nationwide. Focus in the educational sector will be on ensuring primary and secondary school access to a life skills curriculum that includes sexual and reproductive health and HIV/AIDS prevention.

Previous UNFPA assistance

9. UNFPA has provided assistance to Malawi since 1979. Previous UNFPA programmes contributed to: (a) ensuring the existence of national demographers and development planners;

(b) logistics support for population censuses and reproductive health data collection and analysis; (c) development and coordination of population policy and programmes; (d) strengthening reproductive health services, especially family planning, at the primary health-care level; (e) building capacities for community-based sexual and reproductive health information and services, especially for youth; (f) introducing HIV/AIDS-related distance learning for frontline workers; and (g) supporting youth-friendly voluntary counselling and testing services.

10. The fourth country programme for Malawi was approved in 1996 for a period of five years in the amount of $15 million, of which some $4 million was programmed from extra-budgetary resources, including contributions from the Governments of Canada, Sweden and the United Kingdom, UNAIDS and the United Nations Foundation. In addition, UNDP and the United States Agency for International Development (USAID) co-funded preparatory and analytical population census activities, and the European Union co-funded a national, community-based population education programme.

11. During the period of the previous programme, the contraceptive prevalence rate increased. However, the rates of fertility and population growth both dropped. Adolescent fertility increased – women under 20 now account for 68 per cent of all first pregnancies – but the number of primary health-care facilities offering reproductive health services grew, as did the number of community-based personnel delivering reproductive health services, including condom distribution, to youth. The programme helped develop management systems for the mobilization and coordination of youth group activities related to sexual and reproductive health, provided support to the 1998 census effort, and contributed to the training of development planners at the central level to build their capacity to integrate population variables into sectoral plans.

12. One of the lessons of the previous programme was that gender inequality remains a major barrier to improving the standard of living and reproductive health of women in Malawi. This underscores the need for male participation in programmes for the promotion of reproductive health and the prevention of HIV/AIDS and for specific strategies targeting young females. Another lesson is that institutional weaknesses in the Department of Population Services are impacting negatively on effective strategic interventions for population policy formulation and implementation and will require intensified support in the areas of leadership skills and staffing. A third lesson is that youth are unable to participate adequately under cost-sharing programmes. Alternative approaches are needed to ensure their utilization of reproductive health services.

13. Among the other lessons learned were that: (a) mobilization of funding for the census needs to start well in advance of census-taking; (b) despite strong demand from parents and pupils, there is significant resistance to the teaching of sexual and reproductive health in schools from religious leaders and from policy makers in the Ministry of Education, Science and Technology; (c) life skills curricula are an effective channel for the introduction of sexual and

reproductive health information in primary and secondary schools; (d) peer education, community-based distribution services, and interactive communication approaches are proven ways to effect positive behavioural change among young people; (e) public sector contraceptive logistics management systems have not been adequately designed to meet all the needs of NGOs; and (f) greater support is needed for the monitoring and evaluation of the implementation of gender, youth and population policies.

Other external assistance

14. The major external assistance for population activities in Malawi is provided by bilateral donors, principally the United Kingdom, the United States, Germany, Japan and Canada. In addition, the population programme enjoys multilateral support from the World Bank, UNICEF and WHO. The largest donors to population activities, the United Kingdom and the United States, have provided assistance in the areas of: (a) census data collection, analysis and dissemination; (b) planning, conducting, analysis and dissemination of the DHS data; (c) reproductive health services including family planning, safe motherhood, adolescent reproductive health and HIV/AIDS prevention; (d) support for implementation of the free basic education policy of the Government of Malawi, including the mainstreaming of HIV/AIDS and life skills instruction into school curricula; and (e) the promotion of gender equity in development policy. Increasing emphasis is being placed on the development of sector-wide approaches to programmes of assistance. Coordination of donor assistance is managed through a subgroup on health and population, currently co-chaired by the Department for International Development (DFID) of the United Kingdom and UNFPA, and through participation in partner programme review sessions. Responsibility for particular districts has been distributed among different donors to promote equity in national coverage.

Proposed programme

15. In accordance with the overall goal stated in paragraph 3, the proposed programme would support activities in two subprogrammes: reproductive health and population and development strategies. Advocacy in support of specific issues would be mainstreamed into each subprogramme. The focus of the subprogrammes would be on youth, gender concerns in reproductive health, HIV/AIDS prevention and management, sectoral use of population data, and research methodologies. Design and execution of the subprogrammes would support national ownership and leadership and would support decentralization and the application of a sector-wide approach.

16. The proposed programme would focus on three districts: Dedza, Mchinji and Nkhata Bay, which have a combined population of about 1 million. These districts were selected in the fourth country programme on the basis of their poor social indicators, including high maternal and infant mortality and low contraceptive prevalence rates. The focus of work in these three

districts would be on the systemic operationalization of reproductive health services through as many as 70 primary health-care facilities, integrating youth and gender concerns. The strategy for UNFPA support would be based on community mobilization, emphasizing reproductive rights and community support for improved quality of services. In the context of the programme's sector-wide approach, reproductive health services would be funded, delivered and monitored as an integral part of an essential health-care package. Once the sector-wide health approach becomes operational, the UNFPA approach would be expanded nationwide.

17. The programme would provide support for coordination activities of the Reproductive Health Unit of the Ministry of Health and Population, the Department of Population Services, the Department of Gender, the Department of Youth, the National Youth Council and the National AIDS Secretariat. In collaboration with the Ministry of Health and Population, institutional weaknesses of the Department of Population Services would be specifically addressed to ensure effective coordination of population policy implementation through the filling of vacant posts, appropriate personnel training and the provision of appropriate computer software.

18. A partnership agreement is being developed with the Ministry of Education, Science and Technology, UNICEF, and the international development agencies of Denmark, Norway, the United Kingdom and the United States for the integration of sexual and reproductive health content into the life skills teaching programme in primary and secondary schools and teacher training colleges. The in-school programme would be linked with support to youth groups and out-of-school youth programming and would be complemented by community-based population education for HIV/AIDS prevention and distance learning in AIDS competence for frontline workers. The initiative would also be supported by appropriate advocacy efforts targeting policy makers and religious leaders. Within the partnership agreement, UNFPA support for the life skills teaching programme would be national in coverage, helping to develop materials for classes and for the country's two secondary school teacher training colleges. Direct monitoring and supervision of the implementation of this national effort would be conducted in primary and secondary schools located in the programme's three core districts.

19. Through support to the Department of Youth in the Ministry of Gender, Youth and Community Services and to key NGOs, the proposed programme of support would contribute to the expansion and consolidation of a national network of community-based peer educators and contraceptive distribution agents in order to reach over 250,000 youth in 17 districts. Within the core districts, particular emphasis would be placed on monitoring and evaluating the impact of a holistic approach to reproductive health service delivery and utilization.

20. Reproductive health. The main problems in reproductive health that the proposed programme will contribute to addressing are the high levels of HIV/AIDS transmission among young people, high levels of maternal mortality, the need for family planning, the rising rate of mother-to-child transmission of HIV, and the inadequate involvement of men and opinion

leaders in the promotion of reproductive health. Funds in the amount of $15 million would be allocated to this subprogramme, of which $10 million would be sought through co-financing and/or other modalities.

21. The purpose of the proposed subprogramme would be to contribute to: (a) increased support at all levels for rights-based, gender-responsive sexual and reproductive health promotion, including HIV/AIDS prevention; (b) adoption and maintenance of safe reproductive health and HIV prevention practices; and (c) increased utilization of high-quality, integrated reproductive health services, especially by young people.

22. The first output of the reproductive and sexual health subprogramme would be the implementation of advocacy strategies targeted at policy makers at the central level and in 17 districts that would address key issues related to the need for positive behavioural change in the areas of sexual and reproductive health, HIV/AIDS prevention and gender equity. Programme support for continuation of the distance learning programme for frontline workers initiated under the fourth country programme would provide a critical mechanism for information sharing at the community level.

23. The second output of the reproductive health subprogramme would be the implementation of communication strategies for positive behavioural change, focusing on male involvement, women's empowerment and life skills for out-of-school young people in 17 districts. In a collaborative arrangement with the international development assistance agencies of Denmark, Sweden, Norway and Japan, support for community-based youth information and services would be given to the national NGO Banja La Mitsogolo and the Department of Youth, building on the successful implementation of peer education, counselling, interactive drama and condom distribution introduced under the fourth country programme. Complementary NGO activities would also be supported to build a critical mass of national partners to help ensure sustainability. Interventions successfully implemented in the three core districts would be extended and expanded in the 17 districts.

24. The third output would be increased capacity within the Ministry of Education, Science and Technology for the implementation of sexual and reproductive health programmes, including HIV/AIDS-related life skills programmes in primary and secondary schools. In a collaborative arrangement with UNICEF, the subprogramme would provide technical and financial support to the ministry for the integration of age-appropriate sexual and reproductive health information in primary and secondary school curricula, and would support – with funding from Sweden, Norway and Denmark – the training of teachers and the orientation of parents in its use. Support from Canada, Germany, the United Kingdom, the United States and the World Bank for pre-service training of primary and secondary school teachers and the printing of textbooks would complement this initiative and promote its sustainability.

25. The fourth output would be increased availability of gender-responsive sexual and reproductive health services, including voluntary counselling and testing for HIV prevention and management, in the three districts of focus. In collaboration with the Canadian Public Health Association (CPHA), and with funding from the Canadian International Development Agency (CIDA), this would be achieved through increased community participation in the design and management of gender-responsive reproductive health initiatives. Voluntary counselling and testing services would also be integrated into health service delivery systems and community-based population education in four other districts.

26. Reproductive health commodity security. The contraceptive logistics management system introduced in 1998, with assistance from USAID, would be expanded to include drugs for treatment of sexually transmitted infections (STIs) and rapid testing. Commodity assessments conducted by USAID and DFID show that existing national logistics systems allow for the availability of STI drugs and contraceptives at service delivery points approximately 87 per cent of the time, although availability of specific drugs varies. The proposed programme would support the design, training of health service providers, and implementation of a reproductive health commodity logistics management system to ensure constant availability of reproductive health commodities in the programme districts.

27. Population and development strategies. The main focus of the population and development strategies subprogramme would be to address: (a) management of population data and research for improved implementation and monitoring of population policies; (b) integration of gender, youth and HIV/AIDS concerns into sectoral plans; and (c) collection and dissemination of information for advocacy on resource mobilization for population-related programmes, gender equity, HIV/AIDS prevention, and understanding of the continued relevance of population issues in the context of HIV/AIDS. The purpose of the population and development strategies subprogramme would be to contribute to an enabling environment for the implementation of the national population policy and national policies for youth, gender and HIV/AIDS and their mainstreaming into sectoral plans and programmes. Funds in the amount of $3 million would be allocated to this subprogramme, to be provided from regular resources.

28. The first output of the population and development strategies subprogramme would be improved implementation, monitoring and coordination of the national population policy, the national youth policy, the national gender policy and the HIV/AIDS strategic plan. The programme would support relevant national mechanisms to develop appropriate oversight and coordination capacities, contribute to the establishment of systems to support an intensified response at regional and district levels, and promote a multidisciplinary approach to programme management and policy development.

29. The second output of the subprogramme would be strengthened capacity in the three selected districts for improved monitoring and coordination of population policy implementation.

In collaboration with UNICEF, and in the context of the UNDAF strategic objective of strengthening national databases, vital registration systems recording births and deaths would be strengthened to provide data for monitoring the impact of population policy implementation in the three selected districts. This would be in line with the Government's emphasis on strengthening capacities at the district level and with the programme's emphasis on integrating population variables into development planning.

30. The third output would be improved integration of population, HIV/AIDS, gender and youth concerns into selected sectoral plans at the national level and in the three selected districts. As a function of capacity building for decentralization, the subprogramme would sensitize district and village development committees and train and equip district development planners assigned to district assemblies to facilitate the integration of youth, gender and HIV/AIDS concerns into district development plans in three districts.

31. The fourth output would be improved data collection, analysis and dissemination of sociocultural data related to population, HIV/AIDS, gender and youth at national and district levels. In collaboration with key partners, the subprogramme would: (a) identify indicators and their data sources; (b) increase the accuracy and timeliness of data collection and reporting; and (c) disseminate results for decision-making at the national level and at the district assembly level.

32. The fifth output would be improved training and research capacity at the University of Malawi. The subprogramme would assist the relevant university faculties in improving the quality of training and research to support implementation of population-related policies.

33. The sixth output would be enhanced advocacy for implementation of population-related policies. Within the context of the UNDAF, the subprogramme would: (a) support advocacy work with relevant policy- and decision-making bodies at central, regional and district levels; (b) integrate the concept of reproductive rights and principles of gender equity, girls' education, male involvement, women's empowerment and a youth-friendly approach for reproductive health in civic education programmes; and (c) support the building of advocacy skills for relevant partners at the district level to support population-related policy implementation and HIV/AIDS prevention and management.

Programme implementation, coordination, monitoring and evaluation

34. The proposed programme would be executed and implemented by the Government. An institutional capacity assessment for the key implementing agencies has been carried out and would form the basis for a capacity-building plan to ensure attainment of subprogramme outputs. Country Technical Services Team (CST) and national experts would provide technical support.

35. The strengthened Department of Population Services in the Ministry of Health and Population would be responsible for the overall coordination of the proposed programme, ensuring effective linkage of implementing partners for achievement of subprogramme outputs. In addition, the newly formed national reproductive health coordinating committee would coordinate and monitor stakeholder support through quarterly meetings.

36. Monitoring and evaluation of the programme would be conducted in accordance with UNFPA policies, procedures and guidelines, and with a carefully articulated monitoring and evaluation plan executed by the Department of Population Services and the UNFPA country office. To the greatest extent possible, monitoring and evaluation activities of the proposed programme would be executed as a component of monitoring and evaluation of the UNDAF. Quarterly review of subprogramme implementation would be led by the Department of Population Services, with assistance from the UNFPA country office.

37. The UNFPA country office is composed of a Resident Representative, one Assistant Representative, one Programme Officer, one Junior Professional Officer and five support staff. In addition, a project coordinator and programme assistant are funded through multi-bilateral projects. Under the proposed programme, the amount of $500,000 from regular resources would be used for programme coordination and assistance.

Recommendation

38. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Malawi, as presented above, in the amount of $18.5 million for the period 2002-2006, of which $8.5 million would be programmed from the Fund's regular resources, to the extent that such resources are available, and the balance of $10 million would be sought through co-financing modalities and/or other, including regular resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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